NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly Full Name Work Address 105 Pleasant St. Concord, NH 03301 Maureen Ryan **Primary Occupation** BHHS Bureau Administrator e-mail *optional | maureen.u.ryan@dhhs.state.nh.us Work Phone 271-5043 Name(s) of office, appointment, or Bureau of Homeless and Housing Services, DHHS employment with government A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. RECEIVED 1. 2. 3. DEPARTMENT OF STATE If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit. discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business 4. Real Estate, including brokers, 5. Banking or financial 6. State of New Hampshire, county, or 2. Health Care ☐ 3. Insurance agent, developers, and landlords services municipal employment 7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcholic 11. Practice of lodaina System assessment program beverages law 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources **Utilities Commission** of gambling 17. N.H. Business **Business** Interest and 18. Optional: Specify any other area in which you have a 16. Agriculture **Profits Tax Enterprise Tax** taxes: Dividends Tax special interest I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Signature of Reporting Individual

Print Form